

**SCHEDULE A**

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**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
NEGOTIATED NET AMOUNT  
SCHEDULE "A" PLANNING ESTIMATES  
FY 2004 - 2005**

Contractor Name: Oasis Counseling Ctrs-RRCAddress: 650 S. "E" St, Ste. C&DSan Bernardino, CA 92408Date Form Completed: 5/17/2004

	PROVIDER NUMBER	36BT							
LINE	MODE OF SERVICE	45							
#	SERVICE FUNCTION	20							TOTAL
<b>EXPENSES</b>									
1	SALARIES	76,960							76,960
2	BENEFITS	22,318							22,318
3	OPERATING EXPENSES	79,117							79,117
4	TOTAL EXPENSES (1+2+3)	178,395							178,395
<b>AGENCY REVENUES</b>									
5	PATIENT FEES								0
6	PATIENT INSURANCE								0
7	MEDI-CARE								0
8	GRANTS/OTHER								0
9	TOTAL AGENCY REVENUES (5+6+7+8)								0
10	CONTRACT AMOUNT (4-9)	178,395							178,395
11	CONTRACT DAYS	365							
12	CONTRACT MONTHS	12							
13	NUMBER OF BEDS	30							30
14	TOTAL CLIENT DAYS (11 * 13)	10,950							10,950
15	ANNUAL AMOUNT PER BED (10 / 13)	5,947							
16	MONTHLY AMOUNT PER BED (15 / 12)	495.54							
17	DAILY AMOUNT PER BED (10 / 14)	16.29							
18	TOTAL MONTHLY AMOUNT (16 * 13)	14,866.25							14,866

APPROVED:

_____ PROVIDER AUTHORIZED SIGNATURE	_____ DATE	_____ CONTRACTS MANAGEMENT	_____ DATE	_____ DBH PROGRAM MANAGER	_____ DATE
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